

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities
INDIVIDUAL SUPPORT PLAN (ISP)

ISP - SUMMARY OF PROFESSIONAL EVALUATIONS (*Continued*)

INDIVIDUAL'S NAME (<i>Last, First, M.I.</i>)	DATE
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This form is required for people who are 21 years old or older and/or who live in a licensed residential setting. Use additional pages to summarize specialty evaluations that are required due to the unique medical needs of the person. Include: gynecology, cardiology, neurology, orthopedics, nutrition, psychiatry, nursing, etc. Additional categories may include: hospitalizations, emergency room visits, immunizations (received or needed) since the last ISP. **If follow-up is needed, identify action(s) needed and person(s) responsible. It will be the responsibility of the licensed residential provider to follow-up on recommendations and agreements within the timeframes specified, unless otherwise noted.**

Report and Dates	Results and Recommendations
Psychological Evaluation Evaluator _____ Date _____	
Speech Therapy Evaluator _____ Date _____	
Occupational Therapy Evaluator _____ Date _____	
Physical Therapy Evaluator _____ Date _____	
Type _____ Evaluator _____ Date _____	
Type _____ Evaluator _____ Date _____	
Type _____ Evaluator _____ Date _____	
Type _____ Evaluator _____ Date _____	

Equal Opportunity Employer/Program • Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting (602) 542-6825. ♦ Español en el reverso.